

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MASS PAC

ADDRESS (number and street)

PO BOX 440324

☐Check if different
than previously
reported. (ACC)

SOMERVILLE

MA

02144

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00417295

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

08

31

2006

through

09

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Brian M Mount

Signature of Treasurer

Electronically Filed by Brian M Mount

Date

10

04

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MASS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		9844.73
(b) Cash on Hand at Beginning of Reporting Period	9447.14	
(c) Total Receipts (from Line 19)	1995.00	7004.83
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	11442.14	16849.56
7. Total Disbursements (from Line 31)	6546.61	11954.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4895.53	4895.53
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

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Page 3

Write or Type Committee Name

MASS PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	1500.00	1500.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	495.00	495.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	1995.00	1995.00
(b) Political Party Committees	0.00	5000.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	1995.00	6995.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	9.83
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1995.00	7004.83
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1995.00	7004.83

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	5200.00
24. Independent Expenditure (use Schedule E)		6546.61	6754.03
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		6546.61	11954.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		6546.61	11954.03

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1995.00	6995.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1995.00	6995.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

MASS PAC

A. Full Name (Last, First, Middle Initial)

Fernando Colloredo-Mansfeld

Mailing Address 1 Beacon Street

City	State	Zip Code
Boston	MA	02108

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabot PropertiesOccupation
Real Estate Investment Mgt.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Transaction ID: SA11A1.4146

Amount of Each Receipt this Period

1000.00

contribution

B. Full Name (Last, First, Middle Initial)

David Doherty

Mailing Address 21 Pleasant Ave

City	State	Zip Code
Somerville	MA	02143

FEC ID number of contributing
federal political committee.

C

Name of Employer
City of Somerville Fire
DeptOccupation
Chief - Fire Alarm

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	6

Transaction ID: SA11A1.4148

Amount of Each Receipt this Period

500.00

contribution

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

1500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MASS PAC		FEC IDENTIFICATION NUMBER C C00417295	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Greater Boston Management Co.		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address 404 S. huntington Ave		Amount 240.00	
City State Zip Code Jamaica Plain MA 02130		Transaction ID: SE24.4162	
Purpose of Expenditure Office Rent		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1410.42			
Full Name (Last, First, Middle, Initial) of Payee Grossman MarketingGroup		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 9184		Amount 1158.33	
City State Zip Code Chelsea MA 02150		Transaction ID: SE24.4164	
Purpose of Expenditure print material - let- terhead, envelopes..		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 2568.75			
(a) SUBTOTAL of Itemized Independent Expenditures		1398.33	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MASS PAC		FEC IDENTIFICATION NUMBER C C00417295	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Grossman MarketingGroup		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 9184		Amount 3220.64	
City State Zip Code Chelsea MA 02150		Transaction ID: SE24.4166	
Purpose of Expenditure print material - let- terhead, envelopes..		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 5789.39			
Full Name (Last, First, Middle, Initial) of Payee Grossman MarketingGroup		Date M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 0 6	
Mailing Address PO BOX 9184		Amount 764.64	
City State Zip Code Chelsea MA 02150		Transaction ID: SE24.4167	
Purpose of Expenditure print material - let- terhead, envelopes..		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 6554.03			
(a) SUBTOTAL of Itemized Independent Expenditures		3985.28	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MASS PAC		FEC IDENTIFICATION NUMBER C C00417295	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Lisa Bennett		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 8200 Kroll Way #228		Amount 924.00	
City State Zip Code Bakersfield CA 93311		Transaction ID: SE24.4160	
Purpose of Expenditure Mass PAC LOGO - print material		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 006		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 1170.42			
Full Name (Last, First, Middle, Initial) of Payee Brian M Mount		Date M M / D D / Y Y Y Y 0 9 / 1 4 / 2 0 0 6	
Mailing Address 62 Alpheus Road		Amount 39.00	
City State Zip Code Roslindale MA 02131		Transaction ID: SE24.4159	
Purpose of Expenditure Postage		Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Category/Type 001		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 246.42			
(a) SUBTOTAL of Itemized Independent Expenditures		963.00	
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00	
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature _____		Date M M / D D / Y Y Y Y 1 0 / 0 4 / 2 0 0 6	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) MASS PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00417295</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 9</div> <div style="border: 1px solid black; padding: 2px;">D D 2 9</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>	
Full Name (Last, First, Middle, Initial) of Payee Brian M Mount			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">200.00</div>	
Mailing Address 62 Alpheus Road			Transaction ID: SE24.4168	
City Roslindale	State MA	Zip Code 02131	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> Presidential	
Purpose of Expenditure Accounting/bookkeeping		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>	
Name of Federal Candidate supported or Opposed by expenditure:			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">6754.03</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">200.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">6546.61</div>
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Signature _____	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 0 4</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 0 6</div> </div>